Day Program Initial Nursing Evaluation and Physical Health Screening Tool

Person Served: _____ Location: _____

Diagnoses:

Allergies:

Diet:

Medications:

Hospitalizations:

Temperature:_____ **Pulse**:_____ **Blood Pressure**:_____ **Respirations**:_____

Breath Sounds:_____

Alert & Oriented:	☐ Person	☐ Place	☐ Time	☐ Environment
Communication:	◯ Verbal	◯ Non-Verbal	◯ Gestures	◯ Sign Language
Eyes: Conjunctiva	◯ Clear	◯ Other:_____		
Sclera	◯ White	◯ Other:_____		
Pupils:	◯ Equal and reactive to light		◯ Other:_____	
Abdomen:	◯ Soft & Non-Tender	◯ Firm & Non-Tender	◯ Hard & Non-Tender	
	◯ Soft & Tender	◯ Firm & Tender	◯ Hard and Tender	
Bowel Sounds:	_____			
Skin Turgor:	◯ Good	◯ Fair	◯ Poor	
Mouth:	◯ All Teeth	◯ Dentures	◯ Edentulous	◯ Missing Teeth
Capillary Refill:	◯ < 3 Seconds	◯ > 3 Seconds		
Edema:	◯ None	◯ Other:_____		
Skin:	◯ Intact	◯ Other:_____		

Weight: _____ **Height**:_____

Day Program Initial Nursing Evaluation

and Physical Health Screening Tool

Person Served: _____ Location: _____

CATEGORY:

Eating	◯ Independent	◯ Assistance	◯ Dependent	◯ Tube Feeding
Appetite	◯ Excellent	◯ Good	◯ Fair	◯ Poor
Ambulation	◯ Independent	◯ Assistance	◯ Wheelchair	
Transferring	◯ Independent	◯ Minimal Assist	◯ Total Assist	
Toileting	◯ Independent	◯ Supervision	◯ Incontinent	◯ Catheter
Aggression	◯ None	◯ <5/month	◯ >5/month	◯ BMP
Self-Abuse	◯ None	◯ <5/month	◯ >5/month	◯ BMP
Psychotropic Medications	◯ None	◯ Yes		
Seizures	◯ None	◯ >1/year	◯ <2/month	◯ >2/month
Anticonvulsant Medications	◯ None	◯ Yes		
Skin Breakdown	◯ None	◯ At Risk	◯ Breakdown	
Bowel Function	◯ Normal	◯ Constipation	◯ Diarrhea	◯ Medications
Diet	◯ Regular	◯ Special		
Sleep	◯ Excellent	◯ Good	◯ Fair	◯ Poor
Adaptive Devices	◯ Hearing Aid	◯ Glasses	◯ Dentures	

COMMENTS:

Day Program Initial Nursing Evaluation

and Physical Health Screening Tool

Person Served: _____ Location: _____

Medication Review:

1. _____

2. _____

3. _____

4. _____

5. _____

*** Care Plan to be developed***

At the time of this evaluation, the above-mentioned person served health care needs appear to be chronic, stable, uncomplicated, routine, predictable and the environment is conducive to delegation of nursing tasks.

◯ Potential Need for C.N.A. Refer to HRST

◯ Does Not Require C.N.A.

Registered Nurse Name: _____ Date: _____

Signature: _____